

AGENCY DISPLAY OF ESTIMATED BURDEN

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U.S. Department of
Transportation
Office of the Secretary
of Transportation

AIR TAXI OPERATOR AND COMMUTER AIR CARRIER REGISTRATION AND AMENDMENTS UNDER PART 298 OF THE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

FOR USE BY DOT ONLY

Air taxis: Submit this form in duplicate to Department of Transportation.

Commuters: Submit this form in duplicate to Department of Transportation, Air Carrier Fitness Division, X-56, Office of Aviation Analysis, 700 7th Street, S.W., Washington, D.C. 20590.

Fees: The fee for the initial registration of an air taxi is \$8. The fee for an initial registration of a commuter is \$670. Checks, drafts, or postal money orders should be payable to DOT. There is no filing fee for amendment to forms previously filed.

Effective date of registration/amendments

1a. Name (and DBA, if applicable) and Mailing Address of the Registering Carrier:

3a. Federal Aviation Administration certificate number:

3b. Address of local FAA office:

1b. Telephone No. _____ Fax No. _____

2a. Address of principal place of business (if different from above):

3c. FAA Telephone No.: _____

3d. FAA Principal Operations Inspector: _____

2b. Telephone No. _____ Fax No. _____

4. This filing is the carrier's:

☐

Initial Registration

☐

Amendment to reflect changes since previous filing (Complete item 9)

If initial registration, give proposed date of commencement of operations: _____

5. Check type or types of service the carrier intends to perform upon commencement of operations, or, for amendments, service the carrier is currently performing:

☐

Scheduled passenger*

☐

On-demand passenger

☐

Air ambulance

☐

Scheduled cargo

☐

On-demand cargo

☐

Seasonal

☐

Mail under a U.S. Postal Service contract

☐

Other (Please specify)** _____

* Check only if service is of at least five (5) round trips per week on at least one route between two or more points and is operated pursuant to published flight schedules which specify the times, days of the week, and places between which such flights are performed. If the registrant has not previously been found "fit, willing and able" to perform scheduled passenger service as a commuter, this registration should be accompanied by the evidence required by 14 CFR 204.3 and, if applicable, 204.4.

** For example, if the carrier performs other services such as fire fighting operations for the U.S. Forest Service, it should be indicated here.

6. Aircraft which the carrier proposes to operate in air taxi or commuter service or, for amendments, aircraft currently operated:

Aircraft Make and Model

FAA Registration Number

Passenger Seats
Installed*

- | | Aircraft Make and Model | FAA Registration Number | Passenger Seats Installed* |
|----|-------------------------|-------------------------|----------------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

(Add additional sheets if necessary)

* This does not include seats occupied by the pilot or co-pilot unless the latter is available for passenger use.

7. Is the registering carrier a U.S. citizen?

☐ YES

☐ NO

NOTE: An air taxi or commuter registered under Part 298 must be a citizen of the United States. The Federal Aviation Act defines a citizen as (a) an individual who is a U.S. citizen; (b) a partnership of which each member is a U.S. citizen; or (c) a corporation of which the President and two-thirds or more of the Officers and Directors are U.S. citizens and at least 75 percent of the voting interest is owned or controlled by U.S. citizens.

8. If this is an amendment, has the carrier carried passengers in foreign air transportation, that is, between any point in the United States and any point outside thereof, during the past 12 months:

☐ YES

☐ NO

9. REPORT CHANGES OR AMENDMENTS TO INFORMATION PREVIOUSLY FILED WITHIN 30 DAYS OF THE EFFECTIVE DATE:

a. Change in Carrier's Name and/or Address (Please specify):

Former Name and Address: _____

Current Name and Address: _____

b. Description of Any Other Changes or Amendments (including additions or deletions of aircraft, change in type of operations, registration numbers, etc.):

10. Certification

I certify that the information contained in this application is complete and accurate to the best of my knowledge. If operating as a commuter air carrier or in foreign air transportation or participating in an interline agreement, the carrier subscribes to Agreement 18900 (see OST Form 4523), and in accordance with that Agreement agrees that a liability limit of not less than \$75,000 shall apply under Article 22(1) of the Warsaw Convention for passenger injury or death in international transportation as defined in the Convention.

Signature: _____
(See note)

Date: _____

Name: _____
(Please type)

Place: _____
(City and State)

Title: _____

NOTE: This registration must be signed by a responsible officer, such as the President, Vice President, Secretary or Treasurer, or partner or owner of the carrier.

TO INSURE PROPER PROCESSING OF THIS REGISTRATION, PLEASE COMPLETE THIS FORM IN ITS ENTIRETY.

Send OST Form 4507 to the following address:

Air Transportation Division, AFS-200
Federal Aviation Administration
Attn: Kathy Tatum or Roy Peterson
800 Independence Avenue, SW
Room 831
Washington, D.C. 20591